A Nationally Recognized Leader in Health Care Quality

A Publication of

MINNESOTA GASTROENTEROLOGY, P.A.

2005 Quality Outcomes
Welcome

Minnesota Gastroenterology, P.A. is pleased to present its first edition of Quality Outcomes, a publication which details our extensive clinical experience and highlights our major quality initiatives.

By sharing this information annually with patients, referring physicians, employers and payers, we hope to illustrate the full scope of our practice as well as our commitment to provide high quality, evidence-based medical care.

We welcome the opportunity to work with you, your patients and your employees.
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Overview

Minnesota Gastroenterology (MNGI) is one of the oldest and most respected independent specialty practices in the Upper Midwest.

Minnesota Gastroenterology, P.A.

Our founding partners began as solo practitioners in 1973. In the ensuing years, MNGI has grown to include 47 adult and pediatric gastroenterologists, twelve nurse practitioners and certified physician assistants, and more than 400 support and management staff. We provide routine and emergency gastroenterology services to more than 100,000 patients every year.

Our doctors see outpatients at clinic locations in Coon Rapids, Eagan, Edina, Maplewood, Plymouth and St. Paul. We also provide a full range of cognitive, diagnostic and therapeutic services for hospitalized patients at thirteen area hospitals, including on-call and emergency coverage.

Minnesota Gastroenterology owns and operates five outpatient endoscopy centers — all licensed by the Minnesota Department of Health — and three infusion centers for the treatment of patients with inflammatory bowel disease.

Research and Education

We believe that research and education are the cornerstones of excellence in patient care. Through our research division — The Minnesota Clinical Research Center — MNGI patients have the opportunity to receive new and emerging therapies. In 2005, over 700 patients participated in clinical trials for colon cancer prevention, inflammatory bowel disease, gastroesophageal reflux disease, hepatitis, Barrett’s syndrome and liver disease, including hepatitis.

All of our studies are conducted under the supervision of a dedicated gastroenterology research team that is proficient in the implementation, conduct and management of clinical trials. All research is conducted in compliance with the FDA’s Code of Federal Regulations and ICH Good Clinical Practice Standards.

Our physicians are active in the medical community, regularly organizing educational forums in which local and national experts collaborate on the diagnosis, treatment and management of gastrointestinal diseases. Recent topics have addressed advances in treating inflammatory bowel disease (IBD), including ulcerative colitis and IBD during pregnancy.
At the national level, several of our physicians hold leadership positions in gastrointestinal specialty societies, including the American Gastrointestinal Association (AGA) and the American Society for Gastrointestinal Endoscopy (ASGE). In 2005, MNGI physicians authored several publications for medical journals and presented practice outcomes research at two national gastroenterology meetings.

Minnesota Gastroenterology physicians have appointments on the University of Minnesota clinical faculty and are actively involved in teaching gastroenterology residents and fellows in the Departments of Medicine, Pediatrics and Family Practice. Our physicians also participate in formal post-graduate programs sponsored by the University.

Our nursing and support staff are among the finest in the region. Professional growth is encouraged through ongoing educational opportunities and active participation in organizations such as the Society for Gastrointestinal Nurses and Associates (SGNA).

Our Mission
We are committed to improving patient health by providing premier gastrointestinal care.

Our Vision
We will accomplish our mission by:
• Caring for our patients by providing evidence-based medicine in a safe, compassionate manner
• Providing leadership by defining clinical standards through available scientific knowledge, best practice and innovative treatment
• Collaborating with employers, care systems and insurance plans using performance and outcome measurements to demonstrate accountability and improvement in our care delivery
• Attracting and retaining great talent by actively promoting a professionally satisfying work environment
• Recognizing each other as a valuable member of our healthcare team and treating one another with loyalty, respect and dignity
Overview

Commitment to Quality
Minnesota Gastroenterology fosters a culture that emphasizes quality and peer review.

In 2004, our Board of Directors created and funded a Quality Department. The Quality Department coordinates quality improvement projects for commonly treated patient conditions. Quality Department staff also work with teams of doctors, nurses and management staff to identify opportunities to enhance patient care, improve patient safety, reduce costs, use resources more effectively and provide educational feedback to the practice.

One of our most important achievements for quality improvement has been our recent conversion to an electronic medical record (EMR) system. The EMR integrates important aspects of clinical care, practice management and quality measurement to ensure better outcomes for our patients.

With access to the practice patterns and patient outcomes of almost 50 board-certified specialists, our Quality Department helps us measure how well MNGI actually delivers on its promise of providing premier gastrointestinal care.

Minnesota Gastroenterology is a nationally recognized leader in health care quality. Our excellence regarding quality measurement was cited in the AGA Task Force on Quality in Practice: A National Overview and Implications for GI Practice. Gastroenterology 129:361-369, 2005.
Minnesota Gastroenterology has formally assessed patient satisfaction since 1995.

Patient Care Experience Survey
As part of our ongoing commitment to quality and service, MNGI patients are asked to complete a patient care experience survey and rate the following factors:

- Wait times
- Physician and staff courtesy, respect and sensitivity
- Physician thoroughness, carefulness and skill
- Time spent with the physician
- Quality of educational materials
- Understanding next steps

Patients can participate by completing a paper survey or by accessing the survey online. In 2005, 20,932 surveys were distributed to clinic and endoscopy patients, with a response rate of 32%, or 6,698 completed surveys.

All patient satisfaction results are reviewed by our Quality Department. Because our goal is to improve our patients’ health care experience, we act promptly to implement patient suggestions and to address identified problem areas. When MNGI physicians and employees are commended by patients, our managers use this feedback to acknowledge exemplary service.

2005 Survey Results
I would recommend MNGI to family or friends 99%
I believe the service was valuable to improve my health 93%
I would return to see my MNGI physician 97%
Biliary and Pancreatic Disorders
Minnesota Gastroenterology (MNGI) is a leader in treating **pancreatic and biliary disorders**. Our biliary subspecialists regularly meet to review current literature and evidence-based guidelines. We share best practices to ensure premier care for our patients.

Our physicians treat a full range of biliary duct diseases, including gallstones, complications from surgery, bile duct cancers, primary sclerosing cholangitis and sphincter of oddi dysfunction. We also treat all pancreatic diseases, such as acute and chronic pancreatitis, pancreatic cysts and pancreatic cancers.

Endoscopic retrograde cholangiopancreatography (ERCP) is a specialized technique used to study and diagnose liver, gallbladder, duct (drainage routes) and pancreatic problems. By combining the use of X-ray and endoscopy, a doctor can inject contrast solution into the biliary tree and pancreatic ducts so that they can be viewed on X-ray. When performed by physicians with special training, ERCP can be successfully performed in over 95% of patients.

A highly technical procedure, ERCP has nationally published complication rates ranging from 4 to 15%. It is important to track and learn more about patient complications resulting from ERCP, which can include pancreatitis, infection, bleeding and perforation of the duodenum.
In December 2005, MNGI began to proactively evaluate its own ERCP clinical outcomes and patient satisfaction rates. Our quality evaluation includes a patient satisfaction survey, a post-procedure follow up call and peer review of complications.

To date, we have collected data on 441 cases and have identified 8 cases resulting in patient complications: 5 with pancreatitis (3 moderate and 2 mild); one with cholangitis; one obstruction; and one hemorrhage.

### Consensus Definitions for the Major Complications of ERCP

<table>
<thead>
<tr>
<th></th>
<th>MILD</th>
<th>MODERATE</th>
<th>SEVERE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pancreatitis</strong></td>
<td>Clinical pancreatitis requiring hospitalization of 2-3 days</td>
<td>Pancreatitis requiring hospitalization of 4-10 days</td>
<td>Hospitalization for more than 10 days with other complications</td>
</tr>
<tr>
<td><strong>Bleeding</strong></td>
<td>Clinical evidence of bleeding, but no transfusion</td>
<td>Transfusion (4 units or less), no angiographic intervention or surgery</td>
<td>Transfusion (5 units or more) or intervention</td>
</tr>
<tr>
<td><strong>Perforation</strong></td>
<td>Possible, or only very slight leak of fluid</td>
<td>Any definite perforation treated medically 4-10 days</td>
<td>Medical treatment for more than 10 days, or intervention</td>
</tr>
<tr>
<td><strong>Infection</strong></td>
<td>&gt;38°C for 24-48 hours</td>
<td>Febrile or septic illness</td>
<td>Septic shock or surgery</td>
</tr>
</tbody>
</table>

*Any intensive care unit admission after a procedure grades the complication as severe. Other rarer complications can be graded by length of needed hospitalization.*

### ERCP Patient Satisfaction Survey Results

<table>
<thead>
<tr>
<th>Statement</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>I was able to see a physician within a reasonable period of time</td>
<td>82%</td>
</tr>
<tr>
<td>My procedure began on time</td>
<td>72%</td>
</tr>
<tr>
<td>My doctor treated me with kindness and respect</td>
<td>91%</td>
</tr>
<tr>
<td>My doctor had the technical skills to perform the procedure</td>
<td>90%</td>
</tr>
<tr>
<td>My questions were answered</td>
<td>86%</td>
</tr>
<tr>
<td>I would return to my MNGI physician</td>
<td>100%</td>
</tr>
</tbody>
</table>
Endoscopic ultrasound is one of the most important breakthroughs in digestive disease in recent years. In this procedure, an ultrasound probe on the tip of an endoscope allows more efficient staging of esophageal, gastric, pancreatic and rectal cancers. Endoscopic ultrasound also allows safer fine-needle aspiration of benign and malignant tumors.

In 2005, MNGI physicians conducted endoscopic ultrasound procedures at United Hospital in St. Paul. In 2006, MNGI will also perform endoscopic ultrasound in conjunction with the Virginia Piper Cancer Institute at Abbott Northwestern Hospital in Minneapolis.
Endoscopy and Colonoscopy
The use of flexible endoscopy to evaluate and screen for intestinal diseases is one of the most common outpatient procedures in medicine.

In 2005, MNGI gastroenterologists performed more than 74,000 endoscopic procedures, more than any other group of physicians in Minnesota. Outpatient procedures include colonoscopy, upper endoscopy, manometry, ambulatory pH studies, argon plasma coagulation, flexible sigmoidoscopy, endoscopic ultrasound, ERCP and small bowel capsule endoscopy.

The training and experience of our doctors allow these procedures to be performed safely and efficiently, with complication rates at or below national averages. We continually review our endoscopic practice and look for ways to make these procedures safer, more effective and more accurate for our patients. We use national benchmarks to compare our endoscopy outcomes with those of other practices.

Minnesota Gastroenterology participates in National Institutes of Health (NIH) and National Cancer Institute-funded colonoscopy screening trials and research studying prevention of polyp formation. Through our participation in these studies, we are able to compare our experience with that of national leaders in the field.

Our gastroenterologists are engaged in teaching other physicians endoscopy techniques. We track the quality and safety of every procedure we perform and report these results publicly.

Minnesota Gastroenterology-owned ambulatory endoscopy centers are consistently ranked as the most cost-effective — and least expensive — facilities in the Twin Cities. Our facility fees are often half the cost of the same procedure performed at hospital-based endoscopic facilities.
Colonoscopy is the most commonly performed gastrointestinal procedure. Approximately 14 million colonoscopies are performed in the United States each year, most by board-certified gastroenterologists.

Colonoscopy is used to find and remove pre-cancerous polyps. Systematic removal of polyps can reduce the risk of developing colon cancer by 75 to 90%. Because colonoscopy is a technically difficult procedure that carries recognized risks, special training and experience are needed to ensure that the procedure is performed safely and accurately.

Minnesota Gastroenterology physicians believe that performance standards must be met to ensure the safety, efficacy and cost effectiveness of colonoscopy procedures.
2005 MNGI Colonoscopy Results
Based on 36,435 colonoscopy procedures and 5,793 patient survey responses

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>NATIONAL BENCHMARK</th>
<th>MNGI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average number of colonoscopies by MD/year</td>
<td>&gt;200</td>
<td>687</td>
</tr>
<tr>
<td>Exam complete to end of colon*</td>
<td>90%</td>
<td>97%</td>
</tr>
<tr>
<td>Colon preparation rated excellent or very good*</td>
<td>Unknown</td>
<td>93%</td>
</tr>
<tr>
<td>% of procedures where pre-cancerous polyps were found and removed</td>
<td>25% men, 15% women</td>
<td>27% men, 17% women</td>
</tr>
<tr>
<td>Patient comfort rated excellent or very good</td>
<td>Unknown</td>
<td>90%</td>
</tr>
<tr>
<td>Next exam scheduled per national guidelines</td>
<td>60%</td>
<td>95%</td>
</tr>
</tbody>
</table>

* When colonoscopies are not completed to the end of the colon, or colon preparation is poor, patients must be sent for additional procedures, such as X-rays. This adds to patient expense, discomfort and missed work time.

2004-2005 MNGI Colonoscopy Data

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>NATIONAL STANDARDS</th>
<th>MNGI AVERAGE PER PHYSICIAN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2004 Total</td>
</tr>
<tr>
<td>Completion Rate</td>
<td>90% - all colonoscopies</td>
<td>97%</td>
</tr>
<tr>
<td>% Times Pathology Sent</td>
<td>N/A</td>
<td>39%</td>
</tr>
<tr>
<td>Number Exams per MD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males over age 50</td>
<td>N/A</td>
<td>239</td>
</tr>
<tr>
<td>Females over age 50</td>
<td>N/A</td>
<td>297</td>
</tr>
<tr>
<td>Pre-Cancerous Polyp Find Rate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males over age 50</td>
<td>25%</td>
<td>28%</td>
</tr>
<tr>
<td>Females over age 50</td>
<td>15%</td>
<td>18%</td>
</tr>
</tbody>
</table>
Esophageal Diseases
Gastroesophageal reflux disease (GERD) is a disease in which stomach acid or bile flows back into the esophagus. This constant reflux of acid can irritate the lining of the esophagus, causing inflammation and discomfort.

Minnesota Gastroenterology physicians have developed a rigorous program to evaluate and treat patients with GERD. Our experience ranges from simple medical care to complex endoscopic surgical techniques.

We have extensive experience treating heartburn, chest pain associated with GERD and chronic cough or asthma resulting from GERD. We perform ambulatory pH studies with the Bravo (capsule) technique; laser and photodynamic therapy are used in selected patients.

As nationally recognized experts in the treatment of complex GERD, our physicians have developed training courses to teach other gastroenterologists the diagnostic and treatment techniques developed by MNGI.
Long-term GERD can lead to **Barrett’s esophagus**, a condition in which the color and composition of the cells lining the lower esophagus change due to repeated exposure to stomach acid. Because Barrett’s esophagus is thought to be the precursor to most esophageal cancers, continued treatment and monitoring are recommended.

At MNGI, we have compiled an extensive Barrett’s registry. We have worked with pathology and surgical colleagues to develop a rigorously controlled approach to help patients reduce their cancer risk. In addition, our physicians use photodynamic therapy and endomucosal resection for selected patients. These endoscopic techniques can eliminate surgical procedures and can reduce the cancer risk for some patients.
Functional Intestinal Disease

It is estimated that one in five American adults has **irritable bowel syndrome (IBS)**, a disease characterized by abdominal pain or cramping and changes in bowel function, such as bloating, gas, diarrhea and constipation. Although IBS is often confused with inflammatory bowel disease, patients with IBS have no inflammation or changes in bowel tissue, and are at no increased risk for colorectal cancer.

In the past, irritable bowel syndrome has been managed through patient changes in diet, lifestyle and stress reduction. Newer research suggests that infections, celiac sprue and other treatable causes of disease may be responsible for many cases thought to be IBS. Our physicians and mid-level providers test for these treatable conditions and provide new therapies as appropriate.
Inflammatory Bowel Diseases

Minnesota Gastroenterology physicians are experts in the diagnosis, treatment and long-term management of patients with inflammatory bowel disease (IBD), a disorder that includes Crohn’s disease and ulcerative colitis. Both result in inflammation of the lining of the digestive tract and can cause persistent diarrhea, abdominal cramping or pain, fever and even rectal bleeding.

Inflammatory bowel disease traditionally has been treated with steroids or surgery. However, recent scientific advances provide many other options for IBD patients. For example, MNGI has one of the largest registries of patients receiving immunomodulator therapy (6MP or azathioprine). We also operate three infusion centers that provide infliximab therapy for IBD patients. Finally, in addition to FDA-approved therapy, eligible MNGI patients can also participate in clinical research trials and receive therapies not yet available to other patients.
Crohn’s disease and ulcerative colitis are so similar that the disorders are often mistaken for one another. Crohn’s disease can occur anywhere in the digestive tract, from mouth to anus. It most commonly affects the small intestine and/or the colon (large intestine), and may involve several layers of the intestinal wall. Ulcerative colitis usually affects only the innermost lining of the colon and rectum.

In 2005, the Minnesota/Dakotas Chapter of the Crohn’s and Colitis Foundation of America (CCFA) named MNGI gastroenterologist, Dr. David Weinberg, “Physician of the Year” in recognition of his work on behalf of the patient advocacy group.
Liver Disease

Minnesota Gastroenterology physicians are nationally recognized experts in treating hepatic (liver) diseases. Our physicians, nurse practitioners and physician assistants who sub-specialize in liver disease meet monthly to review current literature, evidence-based guidelines and research.

Chronic Hepatitis C infection affects an estimated 3 to 4 million people in the United States and is the leading cause of liver transplantation in this country. Treatment to eradicate the virus is the only effective means to avoid long-term complications.

Since 1999, MNGI has maintained a registry of patients who have received treatment for Hepatitis C. To date, our registry consists of more than 1,200 patients. We are currently comparing MNGI registry practice data with national standards to assess the success of our treatment outcomes.

Liver Disease: Patient Registry

<table>
<thead>
<tr>
<th>DISEASE TYPE</th>
<th>NUMBER OF PATIENTS TREATED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2003</td>
</tr>
<tr>
<td>Hepatitis: Autoimmune, B and C</td>
<td>575</td>
</tr>
<tr>
<td>Cirrhosis</td>
<td>1011</td>
</tr>
<tr>
<td>Primary Sclerosing Cholangitis (PSC)</td>
<td>169</td>
</tr>
<tr>
<td>Primary Biliary Cholangitis (PBC)</td>
<td>275</td>
</tr>
<tr>
<td>Fatty Liver</td>
<td>549</td>
</tr>
<tr>
<td>Hemochromatosis</td>
<td>67</td>
</tr>
<tr>
<td>Wilson’s Disease</td>
<td>4</td>
</tr>
<tr>
<td>Budd Chiari Syndrome</td>
<td>3</td>
</tr>
<tr>
<td>Alpha 1 Antitrypsin Deficiency</td>
<td>N/A</td>
</tr>
</tbody>
</table>
National standards for virus eradication (sustained viral response or SVR) are 50% or greater. Knowing that these standards are achieved in a research environment where selection criteria can be pre-determined, we set out to identify our own patient SVR in an actual practice setting.

Through this process, we identified two quality improvement goals, which will directly improve our SVR rates by increasing the percentage of MNGI patients who:

1) Complete therapy and
2) Follow through with their post treatment visit to ensure virus eradication

### MNGI Hepatitis C Patient Outcomes by Treatment Type

<table>
<thead>
<tr>
<th></th>
<th>PEGASYS</th>
<th>INTRON A</th>
<th>PEG INTRON</th>
<th>INFERGEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>SVR</td>
<td>94</td>
<td>139</td>
<td>154</td>
<td>2</td>
</tr>
<tr>
<td>Nonresponders</td>
<td>57</td>
<td>112</td>
<td>92</td>
<td>2</td>
</tr>
<tr>
<td>Relapsers</td>
<td>30</td>
<td>50</td>
<td>32</td>
<td>1</td>
</tr>
<tr>
<td>Intolerant</td>
<td>35</td>
<td>65</td>
<td>76</td>
<td>1</td>
</tr>
<tr>
<td>ETR/FF*</td>
<td>31</td>
<td>21</td>
<td>37</td>
<td>—</td>
</tr>
<tr>
<td>TOTAL PATIENTS</td>
<td>247</td>
<td>387</td>
<td>391</td>
<td>6</td>
</tr>
</tbody>
</table>

*ETR/FF: End of treatment responders who fail to follow through with 6-month post treatment visit for virus eradication recheck.
Motility Disease

Minnesota Gastroenterology is a leader in the care and treatment of motility disorders, including gastroparesis.

Gastroparesis is a condition in which the muscles in the stomach wall work poorly or not at all, preventing the stomach from emptying properly. This interferes with digestion by causing nausea and vomiting, and is common in diabetics. There is currently no cure for gastroparesis, although dietary changes and medications may help control symptoms in some people.

For patients with the most severe symptoms who do not respond to other treatment options, the FDA has approved an electric gastric stimulator, or pacer device. Minnesota Gastroenterology was one of the first medical practices in the country — and still the only group in Minnesota — to offer the gastric stimulator to its patients.

Since 2000, 68 MNGI patients have received a gastric stimulator. Eighty percent of these patients have reported improvement in their symptoms. Approximately 60% had a primary diagnosis of diabetes; 40% had no identified (idiopathic) cause for their symptoms.

We maintain a registry of patients from a five-state area and record information at each patient visit to document the appropriate and effective use of this expensive therapy.
Small Bowel Diseases
Patients with intestinal bleeding, tumors and Crohn’s disease of the small bowel are often best diagnosed and managed through the use of video capsule endoscopy.

With video capsule endoscopy, the patient swallows a vitamin-sized capsule that contains a camera, light, batteries and transmitter. As the capsule passes through the small bowel, the camera takes several pictures per second. Video capsule endoscopy allows physicians to see the 15-20 feet of small bowel that cannot be viewed using traditional technology.

Minnesota Gastroenterology was one of the first GI groups in the Upper Midwest to use capsule endoscopy and is currently recognized as a national leader in the use of this technology. We are actively involved in research and participate in national consensus panels regarding the best use of this procedure.
**Celiac sprue disease** is a digestive condition triggered by the protein gluten, which is found in bread, pasta and other foods containing wheat, barley, rye and, sometimes, oats. When a patient with celiac disease consumes foods containing gluten, an immune reaction occurs in the small intestine, resulting in damage to the surface of the small intestine and an inability to absorb certain nutrients.

Over time, decreased absorption of nutrients can cause vitamin deficiencies, which can then lead to other illnesses. This disorder is especially serious in children, who need proper nutrition to develop and grow. There is currently no cure for celiac sprue. Symptoms are managed through dietary changes.

Only recently have physicians understood how common celiac sprue is in the general population. Minnesota Gastroenterology doctors work with a number of patient support groups and help to educate other physicians and dieticians about this often misdiagnosed and inadequately treated condition.
Other Patient Services

In 2005, MNGI physicians provided services to more than 17,100 hospital-based patients, including on-call and emergency coverage.

Hospital Practice
Minnesota Gastroenterology provides a full range of cognitive, diagnostic and therapeutic services for hospitalized patients at thirteen area hospitals.

Abbott Northwestern Hospital, Minneapolis
Children’s Hospital, Minneapolis
Children’s Hospital, St. Paul
Fairview Ridges Hospital, Burnsville
Fairview Southdale Hospital, Edina
Mercy Hospital, Coon Rapids
Queen of Peace Hospital, New Prague
St. Francis Regional Medical Center, Shakopee
St. John’s Hospital, Maplewood
St. Joseph’s Hospital, St. Paul
Unity Hospital, Fridley
United Hospital, St. Paul
Woodwinds Health Campus, Woodbury

Our gastroenterologists are active members of hospital medical boards and provide leadership in the development of hospital-based gastroenterological care.
Outpatient Consultative Services

In 2005, ten diagnoses accounted for 28% of all MNGI outpatient clinic patient diagnoses.

2005 Top Ten Clinic Diagnoses

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal pain</td>
<td>5,641</td>
</tr>
<tr>
<td>Reflux</td>
<td>4,055</td>
</tr>
<tr>
<td>Crohn's disease and ulcerative colitis</td>
<td>3,921</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>3,072</td>
</tr>
<tr>
<td>Constipation</td>
<td>2,455</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>1,620</td>
</tr>
<tr>
<td>Nausea or vomiting</td>
<td>1,606</td>
</tr>
<tr>
<td>Inflammatory bowel disease</td>
<td>1,525</td>
</tr>
<tr>
<td>Non-infectious gastroenteritis</td>
<td>1,060</td>
</tr>
<tr>
<td>Dysphagia</td>
<td>1,007</td>
</tr>
</tbody>
</table>

New clinic patients are evaluated by a board-certified gastroenterologist. Established patients are seen by one of our physicians and a team of mid-level providers (nurse practitioners and certified physician assistants). Mid-levels are teamed with specific physicians and are a valuable source of patient medical care and education.

2005 Clinic Visits

<table>
<thead>
<tr>
<th>Type of Visit</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>New patient consultations</td>
<td>11,901</td>
</tr>
<tr>
<td>Follow up visits</td>
<td>24,372</td>
</tr>
</tbody>
</table>
Other Patient Services

Pediatric Services
We provide inpatient and outpatient gastroenterology services for children of all ages, including newborns and infants. Our pediatric outpatient clinic in St. Paul is specially designed to meet the needs of young children and adolescents.

All MNGI physicians who treat children are board-certified in pediatric gastroenterology, making them uniquely qualified to meet the special GI needs of pediatric patients and their families.

<table>
<thead>
<tr>
<th>2005 Pediatric Patient Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colonoscopy</td>
</tr>
<tr>
<td>Upper endoscopy</td>
</tr>
<tr>
<td>Hospital consultations</td>
</tr>
</tbody>
</table>
All MNGI physicians are board-certified or board-eligible gastroenterologists and have successfully completed formal endoscopy training.

**Physicians**

John I. Allen, M.D.
R. Arumugam, M.D.
Neville Basman, M.D.
Arnold M. Brier, M.D.
Cecil H. Chally, M.D.
Zongyu (John) Chen, M.D.
Joshua B. Colton, M.D.
Lucinda J. Conroy, M.D.
Sandra L. Denman, M.D.
Paul B. Dickinson, M.D., J.D.
S. David Feldshon, M.D.
David A. Ferenci, M.D.
Caryn Fine, M.D.
Robert A. Ganz, M.D.
Stephen J. Gilberstadt, M.D.
Stanley C. Go, M.D.
David S. Hanson, M.D.
Denise A. Hunninghake, M.D.
Arnold P. Kaplan, M.D.
Michelle S. Kennedy, M.D.
Scott R. Ketover, M.D.
Samuel H. Leon, M.D.
James S. Levine, M.D.
Jeffrey J. Lisko, M.D.
Philip W. Lowry, M.D.
Robert D. Mackie, M.D.
Robert P. McCabe, M.D.
Amy S. Mulvahill, M.D.
James B. Nelson, M.D.
Patrick M. O’Reilly, M.D.
Neil Phelan, M.D. (7/06)
Timothy J. Potter, M.D.
James M. Pries, M.D.
Jeffrey M. Rank, M.D.
Karin M. Rettig, M.D.
Federico Rossi, M.D. (6/06)
Irfan K. Sandozi, M.D.
Ronald M. Schwartz, M.D.
Cynthia A. Sherman, M.D.
Coleman I. Smith, M.D.
Richard J. Stafford, M.D.
Phillip H. Stoltenberg, M.D.
Bradford G. Stone, M.D.
Joseph M. Tombers, M.D.
Paul M. Vargo, M.D.
David I. Weinberg, M.D.
Dorothy I. Whitmer, M.D.
David Wiechmann, M.D.
James R. Wood, M.D.

**Mid-Level Staff**

Mark D. Boldt, R.N., C.N.P.
Michelle A. Finke, P.A.-C.
Amy C. Heilman, P.A.-C.
Melinda Lampert, P.A.-C.
Aimee M. Lawson, P.A.-C.
Polly A. Nesset, R.N., C.N.P.
Kim A. Price, R.N., C.N.P.
Virginia A. Schuster, R.N., C.N.P.
Mary B. Spengler, R.N., C.N.P.
Gina M. Storrs, R.N., C.N.P.
Kadee Watkins, P.A.-C.
Catherine Wolfgang, P.A.-C.
In addition to its outpatient clinics, Minnesota Gastroenterology owns and operates five Twin Cities’ area outpatient endoscopy centers or ambulatory surgery centers.

The Minnesota Department of Health inspects each of our endoscopy centers every two years for compliance with patient care standards. Our ambulatory surgery centers are regulated and licensed by the Minnesota Department of Health and are Medicare-certified.

All clinic and endoscopy center locations can be reached at 612-871-1145.

**Coon Rapids**
9145 Springbrook Drive
Coon Rapids, MN 55433

**Eagan**
1185 Town Centre Drive
Eagan, MN 55123

**Edina**
7600 Parklawn Avenue
Edina, MN 55435

**Maplewood**
*Clinic:*
1973 Sloan Place
St. Paul, MN 55117

*Endoscopy Center:*
1997 Sloan Place
St. Paul, MN 55117

**Plymouth**
15700 37th Avenue North
Plymouth, MN 55446

**St. Paul – Pediatric Clinic**
2200 University Avenue West
St. Paul, MN 55114
Contact Information

We welcome your inquiries about our practice. For patient consultation, or to reach a MNGI physician, please call us at 612-871-1145.

If you have questions or comments about the 2005 Quality Outcomes report or any of our quality initiatives, please contact Lori Benolken, R.N., Director of Quality Integration, or John Allen, M.D., Medical Director.

Minnesota Gastroenterology, P.A. administrative offices are located at:

2550 University Avenue West
Suite 423 South
St. Paul, Minnesota 55114
612-871-1145

www.mngastro.com